

# 2026 EARLY MVMA Exhibitor Registration Form

Please complete this form and return along with your payment to:  
**Minnesota Veterinary Medical Association**  
101 Bridgepoint Way, Suite 100, South St. Paul, MN 55075  
Phone (651) 645-7533 • Fax (651) 645-7539  
Email: [mandyr@mvma.org](mailto:mandyr@mvma.org)

## 1. EXHIBITING COMPANY

Name of Company \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Company Website Address \_\_\_\_\_

## 2. CONTACT AT COMPANY

Email \_\_\_\_\_  
(Required)  
Name of Person \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_  
Address (if different than above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 3. LOCAL CONTACT

Email \_\_\_\_\_  
(Required)  
Name of Person \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_  
Address (if different than above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\* **Please indicate which contact should receive booth confirmation and further exhibitor information (choose one)**  Contact at firm  Local Contact

## 4. BOOTH SIZE/PRICE

- Single (\$1,900)  Double (\$3,400)  Triple (\$5,300)  
 Premium Single(\$2,150)  Premium Double(\$3,850)  Premium Triple (\$5,950)  
 Non Profit Single (\$950)\*

**TABLE**  I want a free 6' x 30" high table

Will your company be a 2025 MVMA Annual Meeting Sponsor?  Yes  No  Undecided

## 5. SPACE - List your three booth # preferences. (EXHIBIT HALL MAP) \*Non Profit booth options will not be guaranteed booth preferences

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

If applicable, list companies by which you prefer not to be placed: Every effort will be made to honor your requests.

## 6. PRODUCTS/SERVICES - Please provide a 1-50 word description of your Products/Services for our Convention App and referral purposes.

## 7. NAMES OF PEOPLE STAFFING THE EXHIBIT (Must be direct employees of exhibiting company - 6 included in each booth. Additional badges available for purchase - contact [mandyr@mvma.org](mailto:mandyr@mvma.org))

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 8. THURSDAY & FRIDAY LUNCH PROVIDED – each single booth space will receive 2 lunches on Thursday and Friday.

## 9. PAYMENT - Full payment, must accompany application and be received by **January 10, 2025**.

Check Enclosed  Check Number \_\_\_\_\_ Amount \_\_\_\_\_  
Complete the following if you wish to pay by credit card: VISA  MasterCard  Discover  AMEX  Amount \_\_\_\_\_  
Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_  
Signature \_\_\_\_\_ Billing Zip Code \_\_\_\_\_